Pediatric Outpatient Handbook
Dear Patient/Parent,

Thank you for choosing Hanover Hospital Rehab Centers Pediatric Specialty Therapy for your child’s therapy/rehabilitation. Our commitment is to offer the highest quality services in a pleasant, professional, yet child-friendly health care environment. Your child’s progress is important to us!

This booklet provides important information that will ensure your child’s visits are productive, efficient and beneficial.

We hope you and your child enjoy your therapy experience at Hanover Hospital Rehab Centers. Through hard work and the guidance of your therapist, your child can improve their physical condition and also learn to live, work and play in a healthy way. If you have any questions, please feel free to call the Hanover Hospital Rehab Centers, Pediatric Specialty Therapy for assistance.

Sincerely,

Kevin C. Maloney, PT
Director, Physical Medicine and Rehabilitation
Hanover Hospital Rehab Centers
What to Wear

Your child should wear loose, comfortable clothing to each therapy session. Proper footwear and appropriate dress is important to allow freedom of movement, which will enable your child to fully participate in each therapy session. Sneakers are the preferable footwear; shorts or sweat pants are preferable to dresses or tight jeans.

Please also make certain that your child is wearing or brings any appropriate vision and hearing assistance (such as glasses and hearing aids) that will enable them to fully participate in and benefit from therapy. If your child’s treatment includes aquatic therapy, you will also need to bring a swimsuit and towel. Lockers and showers are available for you to assist your child with changing for aquatic therapy.

Please avoid allowing your child to wear jewelry or bring valuable items such as gaming systems, which could be easily misplaced. Hanover Hospital Rehab Centers are not responsible for lost or stolen property.

Therapy Scheduling

Please schedule your child’s therapy appointments with the secretary in order to reserve your appointment time(s). We will do our best to coordinate appointments that will work for you. When making appointments for your child, please bring your schedule with you.

Please arrive promptly for scheduled appointments. Lateness will impact the amount of time your child will be able to spend in the therapy session.

Attendance

Ongoing outpatient therapy is a commitment. Attending scheduled appointments is crucial to ensuring progress for your child. Any change in scheduled appointments affects many patients and families. Please be courteous and call our office as soon as possible if you are unable to keep the time specially reserved for your child.

It is strongly recommended that your child attend at least 80% of their scheduled appointments. Attendance will be reviewed each quarter. Attendance below 80% of scheduled appointments, or when there are three or more “no shows” during a quarter, will require us to notify your child’s physician and possibly to recommend discharge. A “no show” is defined as an appointment that is not cancelled in advance by contacting our office prior to the appointment time.
We understand that there are times when you must cancel appointments for certain reasons. However, the 80% attendance rule will still apply. Please keep in mind that an excused absence would be the result of illness, a doctor’s appointment, pre-planned vacation, or pre-planned school activity, for which you provide us with notice in advance of the appointment time. Conversely, an unexcused absence results when we do not receive advance notice of cancellation.

**Illness**

We do recognize that children at times are ill and cannot attend their scheduled sessions. Please do not bring your child, or a sibling, if they are ill; he/she will not benefit from therapy, and it places other children and their families at risk. If the patient or anyone accompanying them to their appointment presents with the following symptoms, please call our office as soon as possible to cancel:

- Fever within the past 24 hours
- Unexplained rash
- Intestinal symptoms such as vomiting or diarrhea
- Contagious illnesses such as chicken pox or conjunctivitis (pink eye)
- Your child was too ill to attend school on the day of the therapy appointment

**Facility Delays and Closings**

At Hanover Hospital Rehab Centers, we are committed to the safety and well-being of our patients and their families. In the event of inclement weather, we encourage you to verify the facility’s hours of operation prior to traveling to your child’s appointment by calling Hanover Hospital’s Inclement Weather Hotline at (717) 316-7100 or by contacting the front office of Pediatric Specialty Therapy at (717) 316-7337. Hanover Hospital’s Inclement Weather Hotline provides an up-to-date listing of delayed openings, cancellations and early closings of the hospital’s outpatient, rehab and satellite services. The Hanover Hospital Rehab Centers Pediatric Specialty Therapy facility is equipped with a voicemail system that is updated when a change of operational hours occurs. Please note that call volumes increase during inclement weather events. Do not assume that a busy signal indicates that the facility is open. Please verify the facility’s operational hours by one of the methods outlined above prior to traveling to your child’s appointment.
If there is a delay that causes the facility to open after your child’s scheduled appointment time, or if the facility closes prior to your child’s appointment, the appointment is cancelled and your child will be seen at their next scheduled session unless otherwise contacted. If your child does not have a follow-up appointment, please contact the secretary at Pediatric Specialty Therapy, (717) 316-7337, when business hours resume.

**Equipment**

Pediatric Specialty Therapy offers a wide variety of specialized equipment and toys, which are therapeutic in design, to maximize your child’s progress. This equipment requires one-on-one therapist assistance and supervision for safety. Patients’ family members and friends are not permitted to use facility equipment or play with toys or games in the gym area unless specifically invited by the therapist to participate in the therapy session. Additionally, due to infection control requirements, therapy toys are reserved for patients only, and only with the supervision of the therapist.

**Supervision**

The safety of our patient, your child, is our primary concern. Therefore, please note that all children, including patients, must have a parent or another adult caregiver present on campus at all times during treatment.
Concerning Siblings...

We encourage you to attend and actively participate in your child’s therapy, as home programs are an integral part of therapy and essential for your child’s progress. However, other children in attendance may interfere with the patient’s progress. The safety of your child receiving therapy is our primary concern. Please make appropriate child care arrangements for siblings. If, however, siblings or other children must accompany you to the patient’s appointment, it is preferred that they wait in the waiting room; additionally, they must be supervised at all times by a responsible adult. Under certain circumstances, siblings may be allowed to accompany the patient into the treatment room. However, they are not permitted to wander about in the gymnasium; in addition, they may not use any of the equipment or play with toys due to the potential for injury as well as infection control policies.

Cell Phone Policy

We request that cell phones and other two-way devices be turned off during sessions, whether you are directly observing in the treatment room or from the observation rooms.

Financial Arrangements

You are responsible for understanding your child’s insurance plan, including co-pay and co-insurance requirements related to rehabilitative services. We encourage you to investigate this prior to your child’s evaluation, and request that you provide us with this information.

Some insurance plans apply a co-payment fee. For example, $10.00 per visit for EACH therapy session received, regardless of discipline. Other insurance plans approve and pay a percentage of the charges billed. For example, an insurance plan may pay for services at 80%, thus you would be billed for the remaining 20%. Your co-payment/co-insurance responsibility will be billed to you AFTER your child’s insurance company has made payment. Timely submission of the necessary information to the insurance company is important for authorization of services and payment of claims for rehabilitation services.

If your child’s insurance does not provide complete coverage and you need to make payment arrangements, please contact a Hanover Hospital Patient Financial Advocate at (717) 646-6972 or (717) 646-6973.

Gifts of Thanks

Hanover Hospital’s Code of Conduct does not allow employees to accept gifts with monetary value. A written letter of thanks may be forwarded to the attention of the Director of Physical Medicine and Rehabilitation, Cherry Tree Rehab, 785 Cherry Tree Court, Hanover, PA 17331.
Open Admissions Policy
Hanover Hospital Rehab Centers is an equal access healthcare facility providing services without regard to ability to pay, race, religious creed, color, national origin, age, sex, individual handicap, or disability.

Pet Policy
Pets are not permitted inside any Hanover Hospital Rehab Centers location unless the animal functions as a Service Animal. A copy of Hanover Hospital’s Service Animal policy is available by request. Patients and visitors are expected to adhere to the guidelines of this policy.

Fragrance Free Policy
Our Pediatric Specialty Therapy department is a scent free facility. We request that you be considerate of those with sensitivities to scents by refraining from the use of perfumes prior to therapy. Many of our patients and employees have conditions that are adversely affected by fragrances.

Patient Rights
Confidentiality of Treatment
You have the right to privacy concerning your child’s medical care, including all related records, except as otherwise provided by law or third party contractual arrangement.

Quality Care
You have the right to expect respectful care to be provided to your child, given by competent personnel that reflects consideration of your child’s personal value and belief systems and optimizes your child’s dignity. You have the right to receive medical care for your child without discrimination based upon race, color, religion, gender, sexual preference, handicap, national origin, or source of payment.

Decisions Regarding Your Child’s Health Care
You have the right, in agreement with your therapist, to make decisions involving your child’s treatment. This right applies to the family and/or guardian of infants, children and adolescents.

Attendance During Treatment
You have the right, if desired, to be present with your child during treatment or while a procedure is being performed.
Patient/Caregiver Communication
You have the right to be communicated with in a manner that is clear, concise and understandable.

Complaints
You have the right, without recrimination, to voice complaints regarding the care provided to your child, to have those complaints reviewed, and, when possible, to have those complaints resolved.

Access to Information
You have the right, upon request, of access to all information contained in your child’s medical record, unless access is specifically restricted by the attending physician for medical reasons or is prohibited by law. You also have the right to examine your bill and receive a detailed explanation with disclosure of known financial resources available for your care.

Patient/Parent Responsibilities
To be effective, diagnosis and treatment must be a partnership with your child’s therapist. As a parent or guardian of a patient, you are expected, within your capabilities, to assume responsibility for your child’s health care.
Consideration
You are expected to be considerate of other patients, their family members, and hospital personnel. You are expected to be respectful of the property of other persons and the property of the health center.

Providing Information
You or your family member have the responsibility to provide information about your child. This includes past illnesses, hospitalizations, medication and other matters relating to your child’s health history so that we may effectively treat the condition.

Cooperation
You are expected to cooperate with all personnel caring for your child and to be considerate of other patients, their family members and belongings. If you do not understand instructions, please feel free to ask questions.

Following Instructions
You are responsible for following the plan of care developed with your child’s health care provider. The plan of care will be adapted in consideration of your/your child’s specific rights and limitations.

Refusal of Treatment
Hanover Hospital Rehab Centers cannot be held responsible for the outcome if you refuse treatment for your child, or do not follow the therapist’s instructions.

Consumption of Drugs, Alcoholic Beverages, and Toxic Substances
It is expected that you will not take drugs which have not been prescribed by your physician and that you will not complicate or endanger your child by consuming alcoholic beverages or toxic substances during your child’s course of treatment.

No Smoking Policy
We exist to care for and maintain the health of those entrusted to us. We have the responsibility to provide a safe and healthy environment for all. Therefore, smoking of any kind is not permitted within Hanover Hospital Rehab Centers or on any of our properties.

Rules and Regulations
You have the responsibility to abide by Hanover Hospital Rehab Centers’ rules and regulations and to see that your children and visitors do likewise.

Weapons Prohibited
All weapons are prohibited on Hanover Hospital Rehab Centers’ premises, except those in the possession of on-duty law enforcement or security personnel.
**Additional Rehab Locations**

**Hanover Hospital**  
300 Highland Avenue  
Hanover, PA  17331  
(717) 316-2155/fax: (717) 316-6060

**Cherry Tree**  
785 Cherry Tree Court  
Hanover, PA  17331  
(717) 316-7030/fax: (717) 633-1947

**Hillside**  
250 Fame Avenue, Suite 100  
Hanover, PA  17331  
(717) 316-7330/fax: (717) 316-6066

**Littlestown**  
300 West King Street, Lower Level  
Littlestown, PA  17340  
(717) 359-4078/fax: (717) 359-8285

**Thistle Hill**  
2030 Thistle Hill Drive, Suite 202  
Spring Grove, PA  17362  
(717) 225-6671/fax: (717) 225-6679

**Medical Fitness Center**  
250 Fame Avenue, Suite 101  
Hanover, PA  17331  
(717) 316-3488/fax: (717) 316-6022

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**Questions?**  
*Please do not hesitate to ask questions or voice concerns with your child’s therapist or any other Hanover Hospital Rehab Centers personnel. We want you to be informed and comfortable with all aspects of your child’s therapy.*